

Conclusion: This study demonstrates clinical aromatherapy is clinically safe but not statistically significant in effectiveness when measuring improvements in the BPSD and ADL of dementia patients. To develop high quality care with clinical aromatherapy for the elderly with dementia in Japan's ageing society further research into therapeutic effects is required to fully establish evidence for practicing effectively and safely in medical institutions.

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Qualitative study characterizing patient and provider experiences with MTHFR polymorphisms and methylfolate



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Purpose: To learn patient and health care provider experiences testing for, discussing and treating mutations in the methylenetetrahydrofolate reductase (MTHFR) enzyme.

Methods: A qualitative study was designed to investigate doctors' and patients' experiences with the diagnosis MTHFR polymorphisms, treatment with methylfolate, and therapeutic responses. A structured interview guide was prepared focused on domains of: diagnostic indications, response to results, therapeutic approaches, treatment responses, and safety. Following IRB approval, focus groups were conducted with patients and doctors with relevant experience. Audio recordings were transcribed and uploaded into Dedoose software to aid coding and theme aggregation. Using an inductive/deductive analytic construct, data were first analyzed using a priori coding. Data were then aggregated into themes and domains. Pertinent, illustrative quotes were selected to convey authentic experiences.

Results: Thirty patients and eight doctors participated in the focus groups. Patient themes included the emotional experience of receiving diagnosis, classification of signs and symptoms, and challenges with treatment protocols. They expressed confusion over their diagnosis, and frustration with the state of knowledge their providers had regarding MTHFR. The most common presenting symptoms were: fatigue (21%), hormone imbalances (13%), neurological symptoms (13%), and brain fog (8%). Providers relied on trial and error to determine effective doses, treatment frequency and protocols. Patients reported improvements in physical energy (31%), other physical symptoms (27%), mood (25%), behaviors (6%) and other mental symptoms (6%). Side effects occurred in a minority of participants but ranged in severity and were reported in almost every body system.

Conclusion: Testing, discussing and treating MTHFR polymorphisms is currently a variable clinical process. Patients suggest treatment can improve mental, emotional, and physical well-being. Diverse side effects pose a challenge in anticipating adverse responses for clinicians. Clinicians and

patients would benefit from therapeutic algorithms that were based on rigorous research.

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Development of a reporting form for adverse events associated with Korean folk medicine



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Purpose: Korean folk medicine is widely used by people living in all areas of the country. Despite a long tradition of use, ingestion or application of plants and other substances used in Korean folk medicine can lead to serious adverse events. Use of folk medicine without consulting an expert may increase the risks of complications. We aimed to develop a reporting form for adverse events associated with the use of Korean folk medicine.

Methods: We developed an adverse event reporting form for Korean folk medicine. The first version of the form was developed and tested for spontaneous reporting of adverse events in the clinical setting. First and second revisions to the reporting form were made based on data collected and input from experts.

Results: We identified information that should be considered for inclusion in reports of adverse events associated with the use of folk medicine. New reporting items were added, including patient height, assessment of causality, and folk medicine properties such as classification, scientific name, vernacular name, part used, harvesting time, storage conditions, product licensing, and cautions or contraindications.

Conclusion: We developed a reporting form for adverse events that incorporates important characteristics of Korean folk medicine. Further development of the reporting form requires feedback and consensus by healthcare experts. In the future, we hope to create an adverse event reporting form for traditional medicine and a reporting system for each country.

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